Coordinate My Care
Annual Report FY 2020 / 21
Performing whilst transforming

We have set our strategy to transform how patients are cared for by individual health and social care providers to become a joined up clinical and social care service that shares one care plan, a single version of the truth with all urgent care providers including 111, the out of hours GPs, the emergency departments and the ambulance service. The service is underpinned digitally. One plan, with the patient at the centre, ensures all services deliver care chosen by the patient. Outcomes show better care at a reduced cost. Everyone is a winner.

We started CMC for end of life care patients in London. We have now set our strategy to deliver the same joined up service to all patients who may need to access the urgent care services nationally.

Nick Tigere
CMC General Manager
Patients achieving their preferred place of death and greater choice about their care

Strategic Overview

Web based system with easy access

Step-by-step workflow to guide clinicians when creating the care plan

Access to all who need it; e.g., urgent care services, London Ambulance Service, NHS 111, etc.

Training for clinical and non-clinical staff

Operational and management reports

Security and governance embedded in the service

Evidence of return on investment: cost savings / cash releasing savings

Aligned with the strategic, financial and operational objectives of the NHS Long Term Plan

Length of Stay (LOS)

Patients achieving their preferred place of death and greater choice about their care

Reducing deaths in hospital for the 1% End of Life Care (EoLC) population in a CCG (500,000 deaths in England per year)

Hospital avoidance for end of life care patients
CMC Activity Metrics
1st April 2020 – 31st March 2021

39,566 care plans created

2,044 patient initiated CMC plans started via MyCMC

108,850 total views by urgent cares services
(111,999 out of hours GPs and EDs)

392,100 total views by non-urgent care services
(GPs, hospice, community)

77% of people with a CMC care plan achieve their preferred place of death

21% of patients with CMC plans died in hospital.
Overall 79% died in a place outside the acute sector. Where patients have a CMC care plan 21% die in hospital; nationally 47% die in hospital

25% of patients with CMC plans living in a care home
An increasing number of living Londoners have a CMC plan

Urgent care services are viewing more CMC plans in the 30 days prior to a person’s death

Transforming services takes time and training. Each year more and more clinicians are engaged and year on year the number of care plans increases

Patients who are dying are increasingly supported by the urgent care services to support them to die in their preferred place, usually at home.
An increasing number of clinicians creating CMC care plans

Total number of CMC care plans created for patients with London GPs

<table>
<thead>
<tr>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>FY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>16,593</td>
<td>16,495</td>
<td>24,942</td>
<td>39,566</td>
</tr>
</tbody>
</table>

An increasing number of London Ambulance staff accessing and viewing CMC care plans

London Ambulance Service CMC Care Plan Views by Financial Year

<table>
<thead>
<tr>
<th>FY 2017</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>FY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,038</td>
<td>3,265</td>
<td>7,145</td>
<td>34,467</td>
<td>72,652</td>
</tr>
</tbody>
</table>
The table below shows the financial benefits delivered, to date, through the CMC programme in 2020/21, if the indirect benefit per CMC patient is £2,100.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMC Investment request (2020/21)</td>
<td>£1,866,000</td>
</tr>
<tr>
<td>No of CMC plans added (April 20 - Mar 21)</td>
<td>39,564</td>
</tr>
<tr>
<td>No of plans to break even in 2018/19</td>
<td>889</td>
</tr>
<tr>
<td>Excess/(deficit) compared to break even number of plans</td>
<td>38,675</td>
</tr>
<tr>
<td>Annual value of benefits (April 20 - March 21)</td>
<td>£83,084,400</td>
</tr>
<tr>
<td>Net benefit/cost (April 20 - March 21)</td>
<td>£81,217,500</td>
</tr>
</tbody>
</table>

**Return on Investment to date**: 44

Overall, for the cost of £47, each CMC plan saves the London CCGs, £2,100 per patient.
Helpdesk: Support

Sarah Fischer
CMC Office Manager

My role sees me interacting with all areas within the service, which means I am learning all the time and growing my knowledge and championing all that is Coordinate My Care.

Day to day I assist the team in all operational areas.

Valentine Uwaeze and Abu Salman
CMC System Administrators

CMC system administrators are responsible for monitoring systems performance and fault reporting, login creation & management, clinical and patient user support at all levels of expertise, including live training for clinicians and patients who have not undertaken any training and supporting GP practices in configuration of CMC on EMIS and VISION systems.
Helpdesk Statistics

- 14,226 new health and social care professionals have joined CMC
- 15,404 number of clinical calls
- 2,212 number of patient calls
- 41,321 emails sent
- 31,131 emails received
Training & Education

Coordinate My Care Annual Report FY 2020 / 21
Training & Education

Maureen Carruthers
CMC Director of Nursing, Governance, Incidents, Digital Clinical Pathways and Clinical Safety & Leadership

My role is to lead on Clinical Quality and Safety. As part of my role, I run stakeholder meetings and engage with clinicians and patients to receive feedback from the front line. This way the MyCMC patient portal and CMC can update datasets and pathways to ensure that the service is dynamic. One such example has been working with the ReSPECT program to align CMC and ReSPECT. To date, CMC has made over 3,000 iterations to the CMC urgent care plan. Each iteration improves the quality of the plans for patients.

Georgia Kumi
CMC Clinical Facilitator

Our job is to train clinicians on how to have sensitive conversations about Advance Care Planning, resuscitation, treatment escalation plans and dying.

We also train them on how to document high quality care plans that are useful to clinicians in an emergency.

We also train health and social care providers on how to use all of the functionality available to them on the CMC system. Eg. subscriptions. This functionality notifies the clinician of any significant updates to their patient.
Training & Education – who do we engage with?
Training feedback

- Excellent pragmatic and useful, trainers were clear and put together a great session!! Trainers were able to tailor the teaching around our needs and setting.

- It was genuinely helpful and I learnt features I didn’t know before. I think the most striking thing was looking at how many patients with & without CMC died in their PPD which showed how important advance care planning is. I think you spent the exact right amount of time going through it, not too short & not too long.

Training team highlights

- In response to the COVID-19 pandemic we created a new suite of training video packages.

- The service has trained and supported 62 Cascade Trainers, clinicians who are up-skilled to provide rapid local CMC training.

- We have and continue to drive uptake of CMC in Care Homes, the service implemented twice weekly online drop-in training sessions.

- Scheduled clinical training sessions cover sensitive conversations, care plan quality and DNACPR conversations.

On average 97% of users are satisfied with training provided.
Quality & Governance

Marta Mulyak  
CMC Clinical Quality Manager

I have primary oversight and responsibility of all aspects of the service’s integrated governance and clinical quality (including Internal and External Governance Boards and IT system quality), ensuring that clinical safety and information governance are maintained to the highest standards. I perform root cause analysis and report on all clinical and information incident and make recommendations how to mitigate them recurring. This includes changes made to the CMC software and changes made to the training modules.

I am responsible for monitoring safety and securing of patient data. I lead quality audits, data validation programs and service performance reports.

I am firmly committed to helping patients get the best possible care through the adoption of innovative technologies and enabling and participating in health care research."

The Coordinate My Care Clinical Governance Framework can be found here  
Quality & Governance

During the last financial year root cause analysis of 45 incidents were investigated and reported. Each incident results in recommendations and lessons learned, software changes are made and training modules are updated to mitigate against a recurrence of the incident.

Quality and governance training feedback to the organisations involved with the incidents.

We support and deliver quality and improvement projects across all sectors of health care in the capital, from individual GP practices, Urgent care providers, NHS Trusts and NHS England, highlights listed below:

- Barnet Primary Care Network 2 Audit – final report published in February 2020
- CMC Clinical Quality Assurance webpage – went live in January 2020
- Technical Review of end to end calls for LAS SEL – January 2020
- NIA economic evaluation case study – October 2019
- Kingston ED CMC Service Evaluation – November 2019
- Implemented TRC Management process – operational from July 2020
- CMC paper for House of Lords enquiry – submitted in September 2020

Response to CQC blanket use of DNACPR enquiry
Quality & Governance

CMC sends a flag to urgent care service alerting them that a plan exists for a patient. When a patient calls who has a flag, their plan should be viewed. This does not always happen. Every month CMC monitors the number of patients calling with a plan and percentage of those plans viewed by the urgent care service.

We work closely with all urgent care services to continuously improve the utilisation of the information provided on individual care plans.

We routinely provide support and advise to organisations on how to improve quality and quantity of CMC care plans.

111/CAS and LAS 999 - Percentage of Flagged CMC Urgent Care Plans Viewed During 2020-21 FY
Research
Research

With support from the Coordinate My Care Charity and the Mary Hambro Fellowship Fund, the Symptom Control and Palliative Care Team at the Royal Marsden NHS Foundation Trust have used anonymised CMC data in research projects to examine the impact of advance care planning on outcomes at end of life. Working in collaboration with researchers and clinicians from the Institute of Global Health Innovation, Imperial College, London, King’s College London and University College London, we have presented these data at national and international conferences and in peer-reviewed journals.

Patient and Public Involvement (PPI) is important to their work and they have recently been awarded a PPI grant from the Royal Marsden Biomedical Research Centre to develop further research in this area.

https://patients-voice.cancerbrc.org/coordinate-my-care

Philippa McFarlane

Mary Hambro - Coordinate My Care Research Fellow
Publications and Posters

A review of how DNACPR was used during the first wave of the COVID-19 pandemic

Impact of advance care planning on dying in hospital: Evidence from urgent care records

Economic Impact Evaluation Case Study: Coordinate My Care

For a full list of publications please visit:
www.coordinatemycare.co.uk/publications/
Systems Integration & Development
Dan Brown *CMC Solutions Manager*

My role is to manage and enhance the CMC IT solution, providing specialist advice and guidance on maintenance and development, implementing the strategic roadmap, change management and project management of all aspects of the project development life cycle. I also am responsible for on-going monitoring and management of support issues for the system and interfaces with external systems.
Systems integration & development 20/21

- National Record Locator (NRL) integration (Live)
- GP Connect (completed, in testing)
- Incontext link implemented for:
  - 70 EMIS Practices (total of 819)
  - 5 Cerner Health Information Exchanges
  - Kernow IUC (testing)
  - 1 Community Trust
  - 9 Trust EPRS
- Full CMC and MyCMC penetration testing conducted
- Migration of CMC IT solution from N3 to HSCN
- Mapping of all CMC coding to SNOMED CT
System analytics

Andrew Turner
CMC Information Analyst

I am responsible for the upkeep, development and safety of the CMC Data Warehouse which stores all data from the MyCMC portal and CMC, as well as additional maintenance and monitoring of information provided by the assorted healthcare professional teams.

I also develop reports for Stakeholders on Key Performance Indicators, as well as data extracts to assist with the production and maintenance of CMC care plans.

- Successful overhaul of the data warehouse logic structure ensuring a greater degree of data quality and integrity. This was achieved by:
  - Optimising the data warehouse to eliminate the ongoing critical storage issues
  - Simplifying and streamlining the logic to build the data, allowing for daily data refreshes and quick report viewing

- Reduced the number of operational reports required by external stakeholders – now accessible from a single report.

- Created a unified report for pan-London commissioners, providing greater visibility and transparency of activity for users within the commissioning groups.
CMC Care Plans Created

Year to-date Comparator Graph
Health Authorities: Number of live Records

Percentage of weighted, registered Patients by London CCG
The majority of patients say they wish to die at home. Only 21% of patients with a CMC urgent care plan died in hospital compared to the national average of 47%.
Communications
Communications: Who we are

Victoria Rayner
CMC Communications & Marketing Manager

As a ‘people’ person I take so much delight from working for Coordinate My Care and delivering high-quality communications for various audiences. When I am not compiling the service newsletter which goes out to 16,000 CMC users, you can find me making sure our social media pages carry the most up-to-date and engaging content or talking to journalists about how the service can fit into the national news agenda.”
Communications: Digital data

Users: 81K (↑102.2%)
Sessions: 143K (↑88.3%)
Bounce Rate: 38.33% (↑18.4%)
Session Duration: 1m 53s (↑9.5%)

Audience Acquisition:
- Direct: 41,814
- Organic Search: 37,008
- Referral: 3,293
- Social: 1,189
- Email: 29

Year on year comparative chart:
- New Visitor: 18%
- Returning Visitor: 82%
Our beliefs on delivering the NHS Long Term Plan

Patients will redefine their personalised urgent care plan. They will expect their wishes and preferences to be respected and delivered and will not need to repeat their story again and again.

Using the NHS National Urgent Care standard dataset, CMC will engage with patients to create plans and share a single version of the truth for individual patients with all urgent care services nationally.

CMC will be at the forefront of delivering a truly interoperable urgent care plan nationally.

NHS will reduce cost by decreasing unnecessary admissions.

On average £2,100 saving per patient with a CMC plan by reducing emergency admissions and hospital transfer costs.
A message from our Clinical Lead

Professor Julia Riley

It gives me great pleasure to reflect on the service delivered by Coordinate My Care during the past year. Our small team has worked tirelessly to cope with the increased numbers of London patients dying during the COVID Pandemic. In spite of the marked increase in demand on the service CMC has managed to ensure the delivery of a clinically and digitally safe and secure service with constant improved outcomes for patients.

Most people wish to die at home yet in England 47% die in hospital. CMC has shown that a paradigm shift in care can change this. The shift is to empower patients. For the first time ever, patients co-create their urgent care plans with their clinicians and remain at the centre of it. To date, 3,159 patients have initiated their own MyCMC plan. All the clinicians then work around the patient’s wishes and preferences ensuring they deliver the care chosen by the individual and their clinician, 24/7. The results are staggering, with a co-created plan, unnecessary hospital admissions are avoided and only 21% of patients die in hospital and 77% of patients died in their preferred place.

CMC is very proud to have their data to evidence the new paradigm of patient centric care, that is clinically driven and underpinned by technology, is better for patients and costs less to the NHS. It is a template for many other NHS services. It is the way forward.

I would like to thank the patients who have engaged with the CMC innovative service and extend a warm thank you to every member of the CMC team for their outstanding performance.
Patient 1:
There are two essential points. One, that it can happen to anybody and two, the relief for those left behind that they don’t have to worry about what somebody’s thoughts might or might not have been.

Paramedic 1:
We felt confidence in our decision making and were able to use the plan in CMC to advocate for what the patient would want to happen. CMC really was the patient’s voice and going into the call well informed made such a difference. The job went as well as I hoped and I felt we achieved the right outcome for the patient.

Patient 2:
Not just for the dying or people who have been told they have only a short time to live, it is for all, everybody who is alive and well at the moment.

Paramedic 2:
The patient’s CMC plan was detailed and clear, meaning we went into the situation well informed. The carer was obviously anxious and applied some pressure on us to take the patient to hospital – a potential short term solution. We found ourselves actively advocating for the patient and their wishes as previously expressed. I was happy we had carried out the patient’s wishes and I was particularly encouraged that the CMC records were helpful and the 111 referral was fast and efficient, resulting in the patient remaining at home and improving.